



63502

## QUALITY OF LIFE INTERVIEW BRIEF VERSION

PID#

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Interviewer:

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RPN#

*	*	*	*	*	*	*
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Site:

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Date

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### Section A: General Life Satisfaction

Please look at this card. (*HAND SUBJECT THE DELIGHTED-TERRIBLE SCALE*). This is called the Delighted-Terrible Scale.

The scale goes from terrible, which is the lowest ranking of 1, to delighted, which is the highest ranking of 7. There are also points 2 through 6 with descriptions below them. (*READ POINTS ON THE SCALE*).

During the interview we'll be using this scale from time to time to help you tell me how you feel about different things in your life. All you have to do is tell me what on the scale best describes how you feel. For example, if I ask "how do you feel about chocolate ice cream" and you are someone who loves chocolate ice cream, you might point to "delighted". On the other hand, if you hate chocolate ice cream, you might point to the "terrible". If you feel about equally satisfied and dissatisfied with chocolate ice cream, then you would point to the middle of the scale.

Do you have any questions about the scale? Please show me how you feel about chocolate ice cream. Let's begin. The first question is a very general one.

1. How do you feel about your life in general?

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

Now, set the scale aside. I'll let you know when we need it again.

### Section B: Living Situation

1. What is your current living situation?

(IF RESPONDENT IS CURRENTLY IN THE HOSPITAL, AND THIS HOSPITALIZATION HAS LASTED LESS THAN 3 MONTHS, LIVING SITUATION = LIVING SITUATION JUST PRIOR TO HOSPITALIZATION. IF THE HOSPITALIZATION HAS BEEN FOR 3 MONTHS OR MORE, CODE "HOSPITAL")

- ☐ In a hospital
- ☐ In a group home run by a community mental health center (e.g. McVets)
- ☐ In a community care home
- ☐ In a single room without a kitchen (for example, hotel, YMCA)
- ☐ In my own apartment or house
- ☐ In a family's house
- ☐ In a foster family's home
- ☐ In a shelter
- ☐ On the streets, nowhere
- ☐ Temporarily with a friend, relative, citizen advocate
- ☐ Other, specify \_\_\_\_\_



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2a. How many months have you lived there?

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2b. List in order the places you have lived during the past (year/6 months), including psychiatric hospitalizations, beginning with your current living situation. USE CODES -----

--	--

current living situation

01 = In a hospital

--	--

prior to that

02 = In a group home run by a community mental health center (McVets)

--	--

prior to that

03 = In a community care home

--	--

prior to that

04 = In a single room without a kitchen (for example, hotel, YMCA)

--	--

prior to that

05 = In my own apartment or house

--	--

prior to that

06 = In a family's house

07 = In a foster family's home

08 = In a shelter

09 = On the streets, nowhere

10 = Temporarily with a friend, relative, citizen advocate

11 = Other place, specify: \_\_\_\_\_

2g. Total number of different, non-hospital residences, during the past (year/6 months)? (SPECIFY)

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3. Which of these was your usual residence during the past (year/6 months)? (Code the residence where the patient lived the longest) ☐ In a hospital☐ In a group home run by a community mental health center (McVets)☐ In a community care home☐ In a single room without a kitchen (for example, hotel, YMCA)☐ In my own apartment or house☐ In a family's house☐ In a foster family's home☐ In a shelter☐ On the streets, nowhere☐ Temporarily with a friend, relative, citizen advocate☐ Other, specify \_\_\_\_\_

4. Now look at the Delighted-Terrible Scale again and answer the following:



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(HAND RESPONDENT THE DELIGHTED-TERRIBLE SCALE. IF RESPONDENT IS CURRENTLY IN THE HOSPITAL FOR LESS THAN 3 MONTHS, USE MORE RECENT RESIDENCE PRIOR TO HOSPITALIZATION. IF RESPONDENT IS IN THE HOSPITAL 3 MONTHS OR MORE, USE HOSPITAL AS THE RESIDENCE. SKIP IF HOMELESS).

How do you feel about:

- 4A. The living arrangements where you live?
- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

- 4B. The privacy you have there? -----
- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

- 4C. Staying there for a long period of time?
- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

### **Section C: Daily Activities & Functioning**

Now let's talk about some of the things you did with your time in the past week. I'm going to read you a list of things people may do with their free time. For each of these, please tell me if you did it during the past week.

1. Did you....(READ OPTIONS A - H)

- |  |                          |                           |                               |
|--|--------------------------|---------------------------|-------------------------------|
| a. Go for a walk? -----                    | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| b. Go shopping? -----                      | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| c. Go to a restaurant or coffee shop? ---- | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| d. Read a book, magazine, or newspaper?    | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| e. Go for a ride in a bus or car? -----    | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| f. Work on a hobby? -----                  | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| g. Play a sport? -----                     | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| h. Go to a park? -----                     | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |

2. Overall, how would you rate your functioning in home, social, school, and work settings at the present time? Would you say your functioning in these areas is excellent, good, fair, or poor?

- |                                 |                            |                            |                            |                               |
|---------------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor | <input type="radio"/> missing |
|---------------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|



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3. Now please look at the Delighted-Terrible Scale again. How do you feel about:

- |   |   |  |
|---|---|--|
|   | <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| A. The way you spend your spare time? -----                   | <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
|   | <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
|   | <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |
| <hr/>   |   |  |
|   | <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| B. The chance you have to enjoy pleasant or beautiful things? | <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
|   | <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
|   | <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |
| <hr/>   |   |  |
|   | <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| C. The amount of fun you have? -----                          | <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
|   | <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
|   | <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |
| <hr/>   |   |  |
|   | <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| D. The amount of relaxation in your life? -----               | <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
|   | <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
|   | <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

### **Section D: Family**

The next few questions are about your relationship with your family including any relatives with whom you live.

1. In the past year (NOTE: ask In the past 6 months for post-treatment and follow-up assessments), how often did you talk to a member of your family on the telephone? Would you say at least once a day, at least once a week, at least once a month, less than once a month but at least once during the year, or not at all?

- |  |   |
|--|---|
| <input type="radio"/> At least once a day    | <input type="radio"/> Not at all                  |
| <input type="radio"/> At least once a week   | <input type="radio"/> No family (GO TO SECTION E) |
| <input type="radio"/> At least once a month  | <input type="radio"/> Missing                     |
| <input type="radio"/> Less than once a month |   |

2. In the past (year/6 months), how often did you get together with a member of your family -- at least once a day, at least once a week, at least once a month, less than once a month but at least once during the year, or not at all?

- |  |   |
|--|---|
| <input type="radio"/> At least once a day    | <input type="radio"/> Not at all                  |
| <input type="radio"/> At least once a week   | <input type="radio"/> No family (GO TO SECTION E) |
| <input type="radio"/> At least once a month  | <input type="radio"/> Missing                     |
| <input type="radio"/> Less than once a month |   |



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3. Please look at the Delighted - Terrible Scale again. How do you feel about:

A. The way you and your family act toward each other? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

B. The way things are in general between you and your family? ---

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

### **Section E: Social Relations**

Now I'd like to know about other people in your life, that is, people who are not in your family.

1. About how often do you do the following? Would you say, at least once a day, once a week, once a month, less than once a month or not at all?

A. Visit with someone who does not live with you? -----

- ☐ At least once a day
- ☐ At least once a week
- ☐ At least once a month
- ☐ Less than once a month
- ☐ Not at all
- ☐ missing

B. Telephone someone who does not live with you? -----

- ☐ At least once a day
- ☐ At least once a week
- ☐ At least once a month
- ☐ Less than once a month
- ☐ Not at all
- ☐ missing

C. Do something with another person that you planned ahead of time?

- ☐ At least once a day
- ☐ At least once a week
- ☐ At least once a month
- ☐ Less than once a month
- ☐ Not at all
- ☐ missing



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D. Spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend? -----

- ☐ At least once a day  
☐ At least once a week  
☐ At least once a month  
☐ Less than once a month  
☐ Not at all  
☐ missing

2. Please look at the Delighted - Terrible Scale again. How do you feel about:

A. The things you do with other people? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

B. The amount of time you spend with other people? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

C. The people you see socially? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

## **Section F: Finances**

Now a few questions about money.

1. In the past (year/6 months) have you had any financial support from the following sources?

- |  |                          |                           |                               |
|--|--------------------------|---------------------------|-------------------------------|
| A. Earned income -----   | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| B. Social Security Benefits (SSA) -----  | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| C. Social Security Disability Income (SSDI) -----  | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| D. Supplemental Security Income (SSI) -----  | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| E. Armed Service connected disability payments -----   | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |
| F. Other Social Welfare benefits - state or county (general welfare, Aid to Families with Dependent Children (AFDC; TEMHA))----- | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> missing |



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G. Vocational program (Comprehensive Employment and Training Act (CETA), Vocational Rehabilitation, sheltered workshop) ----- ☐ No ☐ Yes ☐ missing

H. Unemployment compensation ----- ☐ No ☐ Yes ☐ missing

I. Retirement, investment or savings income ----- ☐ No ☐ Yes ☐ missing

J. Rent supplements (including HUD, Section 8 certificates, living programs receiving public assistance support) (McVets or other housing program) -- ☐ No ☐ Yes ☐ missing

K. Alimony and child support ----- ☐ No ☐ Yes ☐ missing

L. Food stamps ----- ☐ No ☐ Yes ☐ missing

M. Family and/or spouse contribution ----- ☐ No ☐ Yes ☐ missing

N. Other sources (Specify Below) ----- ☐ No ☐ Yes ☐ missing

2. How much money did you receive during the past month from all of these sources? \$ 

--	--	--	--

 missing = 9999

3. On the average, how much money did you have to spend on yourself in the past month, not counting money for room and meals? \$ 

--	--	--	--

 missing = 9999

**INTERVIEWER RATING: HOW RELIABLE DO YOU THINK R'S RESPONSES WERE TO Q1?**

☐ Very reliable ☐ Generally reliable ☐ Generally unreliable ☐ Very unreliable

4. During the past year (NOTE: ask In the past 6 months for post-treatment and follow-up assessments), did you generally have enough money each month to cover: (READ OPTIONS A-E)

A. Food? ----- ☐ No ☐ Yes ☐ missing

B. Clothing? ----- ☐ No ☐ Yes ☐ missing

C. Housing? ----- ☐ No ☐ Yes ☐ missing

D. Traveling around the city for things like shopping, medical appointments, or visiting friends and relatives? ----- ☐ No ☐ Yes ☐ missing

E. Social activities like movies or eating in restaurants? ----- ☐ No ☐ Yes ☐ missing

5. Now, I'd like to use the Delighted - Terrible Scale again. In general, how do you feel about:

	<input type="radio"/> Terrible (1)	<input type="radio"/> Mostly satisfied (5)
A. The amount of money you get? -----	<input type="radio"/> Unhappy (2)	<input type="radio"/> Pleased (6)
	<input type="radio"/> Mostly dissatisfied (3)	<input type="radio"/> Delighted (7)
	<input type="radio"/> Mixed (4)	<input type="radio"/> missing data (9)



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B. How comfortable and well-off you are financially? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

C. The amount of money you have available to spend for fun? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

### **Section G: Work & School**

1. Have you worked during the past year (NOTE: ask In the past 6 months for post-treatment and follow-up assessments), that is since (DATE)? Are you working now?

- ☐ Yes, currently working
- ☐ Yes, worked in the past year/6 months but not currently employed (GO TO NEXT SECTION)
- ☐ No work in the past year (GO TO NEXT SECTION)
- ☐ missing

2. What kind of work do you do at the present time?

--

(IF MORE THAN ONE JOB, USE JOB AT WHICH THE RESPONDENT EARNS THE HIGHER WEEKLY SALARY)

3. How many hours a week do you usually work?

--	--	--

# of hours missing = 999

4. How much do you earn per hour/week at this job? (CHOOSE ONE)

\$ 

--	--

 . 

--	--

 per hour\$ 

--	--	--	--

 per week

5. JOB SATISFACTION (Use Delighted - Terrible Scale) How do you feel about:

A. Your job? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

B. What it is like where you work (the physical surroundings)? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

C. The amount you get paid? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |





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## **Section H: Legal & Safety Issues**

1. In the past year (NOTE: ask In the past 6 months for post-treatment and follow-up assessments), were you a victim of:

A. Any violent crimes such as assault, rape, mugging, or robbery? ----- ☐ No ☐ Yes ☐ missing

B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated? ----- ☐ No ☐ Yes ☐ missing

2. In the past year (NOTE: ask In the past 6 months for post-treatment and follow-up assessments), have you been arrested or picked-up for any crimes? ----- ☐ No ☐ Yes ☐ missing

99 = general missing, 88 = not applicable, 77 = don't know/refusal 

--	--

 # of arrests

3. Please look at the Delighted - Terrible Scale again. How do you feel about:

A. How safe you are on the streets in your neighborhood? -----

<input type="radio"/> Terrible (1)	<input type="radio"/> Mostly satisfied (5)
<input type="radio"/> Unhappy (2)	<input type="radio"/> Pleased (6)
<input type="radio"/> Mostly dissatisfied (3)	<input type="radio"/> Delighted (7)
<input type="radio"/> Mixed (4)	<input type="radio"/> missing data (9)

B. How safe you are where you live? -----

<input type="radio"/> Terrible (1)	<input type="radio"/> Mostly satisfied (5)
<input type="radio"/> Unhappy (2)	<input type="radio"/> Pleased (6)
<input type="radio"/> Mostly dissatisfied (3)	<input type="radio"/> Delighted (7)
<input type="radio"/> Mixed (4)	<input type="radio"/> missing data (9)

C. The protection you have against being robbed or attacked? -----

<input type="radio"/> Terrible (1)	<input type="radio"/> Mostly satisfied (5)
<input type="radio"/> Unhappy (2)	<input type="radio"/> Pleased (6)
<input type="radio"/> Mostly dissatisfied (3)	<input type="radio"/> Delighted (7)
<input type="radio"/> Mixed (4)	<input type="radio"/> missing data (9)

## **Section I: Health**

Now I'd like to ask about your health.

1. In general, would you say your health is: -----

<input type="radio"/> Excellent	<input type="radio"/> Fair
<input type="radio"/> Very good	<input type="radio"/> Poor
<input type="radio"/> Good	<input type="radio"/> missing

2. How do you feel about: (USE THE DELIGHTED - TERRIBLE SCALE)

A. Your health in general? -----

<input type="radio"/> Terrible (1)	<input type="radio"/> Mostly satisfied (5)
<input type="radio"/> Unhappy (2)	<input type="radio"/> Pleased (6)
<input type="radio"/> Mostly dissatisfied (3)	<input type="radio"/> Delighted (7)
<input type="radio"/> Mixed (4)	<input type="radio"/> missing data (9)



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B. Your physical condition? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

C. Your emotional well-being? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |

### **Section J: Global Rating**

1. And a very general question again. Using the Delighted-Terrible Scale,

How do you feel about your life in general? -----

- |   |  |
|---|--|
| <input type="radio"/> Terrible (1)            | <input type="radio"/> Mostly satisfied (5) |
| <input type="radio"/> Unhappy (2)             | <input type="radio"/> Pleased (6)          |
| <input type="radio"/> Mostly dissatisfied (3) | <input type="radio"/> Delighted (7)        |
| <input type="radio"/> Mixed (4)               | <input type="radio"/> missing data (9)     |